

FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5.
 V. Law, of Columbia.
 McCr

(1) PLACE OF BIRTH
 County of Taunton STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of X 9
 or
 Inc. Town of Registration District No. 1908 Registered No. 22
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Katherine Loris Legion { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Mar. 31</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER. (8) FULL NAME <u>Katherine Loris Legion</u> (9) PRESENT POSTOFFICE OF FATHER <u>Proctorton S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>36</u> (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>7</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Ruby Platt</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Proctorton S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>37</u> (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>Four</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at Proctorton on the date above stated.
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Proctorton, S.C.

Given name added from a supplemental report 191..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed 191..... (28) Registrar
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*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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